



Technical questionnaire

Broccoli

Version 8

Mandatory fields or sections are marked with an asterisk (*)

01 . Botanical taxon: name of the genus, species or sub-species to which the variety belongs:

Brassica oleracea L. var. *italica* Plenck (syn. *Brassica oleracea* L. convar. *botrytis* (L.) Alef. var. *cymosa* Duch.)

02 . Application code:

For office use only

03 . Breeder's reference:

Breeder's Ref.

04 . Information on the breeding scheme and propagation of the variety *

04 . 01 . Type of material: *

- 1 - hybrid
- 2 - cross-pollinated variety
- 3 - self-pollinated variety
- 4 - parent line

04 . 02 . Method of propagation of the variety: *

- 1 - seed propagated
- 2 - vegetatively propagated

04 . 03 . Seed propagated varieties: *

(this question could be confidential)

- 1 - cross-pollination
- 2 - hybrid
- 3 - other

04 . 04 . Vegetative propagated varieties *

- 1 - cuttings
- 2 - in vitro propagation
- 3 - other (state method):

05 . Characteristics *

(the number in brackets refers to the corresponding characteristic in the CPVO Technical Protocol; please mark the state of expression which best corresponds).

05 . 00 . Species *

- 1 - Calabrese type
- 2 - Sprouting type

05 . 01 . Plant: height (at harvest maturity) (1) *

- 1 - very short
- 2 - very short to short
- 3 - short
- 4 - short to medium
- 5 - medium
- 6 - medium to tall
- 7 - tall
- 8 - tall to very tall
- 9 - very tall

05 . 02 . Leaf: number of lobes (5) *

- 1 - absent or very few
- 2 - very few to few
- 3 - few
- 4 - few to medium
- 5 - medium
- 6 - medium to many
- 7 - many
- 8 - many to very many
- 9 - very many

05 . 03 . Leaf blade: colour (6) *

- 1 - green
- 2 - grey green
- 3 - blue green

05 . 04 . Leaf blade: intensity of colour (7) *

- 1 - very light
- 2 - very light to light
- 3 - light
- 4 - light to medium
- 5 - medium
- 6 - medium to dark
- 7 - dark
- 8 - dark to very dark
- 9 - very dark

05 . 05 . Only Calabrese type varieties: Head: level of main head in relation to plant height (13) (G) *

- 1 - low
- 2 - medium
- 3 - high

05 . 06 . Only for Calabrese types: Head: shape in longitudinal section (16) *

- 1 - circular
- 2 - transverse broad elliptic
- 3 - transverse medium elliptic
- 4 - transverse narrow elliptic

05 . 07 . Head: colour (17) (G) *

- 1 - whitish
- 2 - green
- 3 - grey green
- 4 - blue green
- 5 - violet

05 . 08 . Head: intensity of colour (18) *

- 1 - very light
- 2 - very light to light
- 3 - light
- 4 - light to medium
- 5 - medium
- 6 - medium to dark
- 7 - dark
- 8 - dark to very dark
- 9 - very dark

05 . 09 . Time of harvest maturity (23) (G) *

1 - very early

2 - very early to early

3 - early

4 - early to medium

5 - medium

6 - medium to late

7 - late

8 - late to very late

9 - very late

05 . 09.01 . Time of harvest maturity (comparable variety) *

Comparable with the variety: *

05 . 10 . Male sterility (24) (G) *

1 - absent

9 - present

06 . Similar varieties and differences from these varieties**06 . 1 . Are there any similar variety(ies) known? ***

1 - yes

2 - no

06 . 2 . Similar varieties and differences from these varieties: *

| Denomination of similar variety | Characteristic in which the similar variety is different | State of expression of similar variety | State of expression of candidate variety |
|---------------------------------|--|--|--|
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07 . Additional information which may help to distinguish the variety ***07 . 01 . Resistances to pests and diseases ***

1 - yes (please specify):

2 - no

07 . 02 . Special conditions for the examination of the variety *

1 - yes (please specify):

2 - no

07 . 02.01 . Type of cultivation *

1 - annual

2 - biennial

07 . 03 . Other information *

1 - yes (please specify):

2 - no

08 . GMO-information requested

08 . a . The variety represents a genetically modified organism (GMO) within the meaning of Article 2(2) of Council Directive EC/2001/18 of 12/03/2001 which requires authorization for release in the environment: *

1 - yes

2 - no

08 . b . If yes, has such authorization been obtained? *

1 - yes

2 - no

08 . c . If yes, please attach a copy of such an authorization *

DECLARATIONS *

I/we hereby declare that to the best of my/our knowledge the information given in this form is complete and correct.

Place

Date

Name

Signature